PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 77488/ CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE (37 CFR 1.16(a)) RATE FEE RATE FEE 5770 TOTAL CLAIMS OR (37 CFR 1.16(c)) minus 20 = X \$ INDEPENDENT CLAIMS ÓR (37 CFR 1.16(b)) minus 3 OR X \$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is tess than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER ENT RATE ADDI-AFTER PREVIOUSLY RATE ADDI-**EXTRA** AMENDMENT TIONAL PAID FOR TIONAL Total (37 CFR 1.16(c)) FEE AMENDM Minus FEE Independent (37 CFR 1.16(b)) OR Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) **OR** TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ REMAINING NUMBER PRESENT RATE AMENDMENT ADDI-RATE PREVIOUSLY ADDI-**EXTRA** TIONAL AMENDMENT TIONAL PAID FOR Total (37 CFR 1.16(c)) FEE Minus FEE X \$ Independent (37 CFR 1.16(b)) OR X \$ Minus X \$ OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$ OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS O HIGHEST REMAINING NUMBER PRESENT ENT RATE ADDI-**AFTER** RATE PREVIOUSLY ADDI-**EXTRA** AMEND<u>MENT</u> TIONAL TIONAL PAID FOR Total (37 CFR 1.16(c)) FEE ENDM Minus FEE X \$ Independent (37 CFR 1.16(b)) OR Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$ OR TOTAL TOTAL \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADD'L FEE OR ADD'L FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". in the Inghest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.